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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF GEORGIA		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identify Yourself		
	_		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your	full name		
	Write	the name that is on	Shynean	
	your government-issued picture identification (for example, your driver's license or passport).	ture identification (for	First name	First name
		Middle name	Middle name	
	Bring	your picture	Lindsay	
		identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		ther names you have in the last 8 years		
		de your married or en names.		
3.	your numb Indivi	the last 4 digits of Social Security per or federal idual Taxpayer ification number	xxx-xx-4546	

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Debtor 1 Shynean Lindsay Case number (if known)

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)		
		EIN	EIN		
5.	Where you live	Hotel	If Debtor 2 lives at a different address:		
		Duluth, GA 30096 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Gwinnett County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. 3470 Mcclure Bridge Rd. Unit 2038 Duluth, GA 30096	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Debtor 1 Shynean Lindsay Case number (if known)

Par	t 2: Tell the Court About	Your B	ankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7						
	choosing to file under							
		□ с	hapter 11					
		□ CI	hapter 12					
		□ с	hapter 13					
8.	How you will pay the fee		about how yo order. If your	rill pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more de out how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or moder. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check pre-printed address.				
					tallments. If you choose this opties (Official Form 103A).	ion, sign and attach the Application for Individuals to Pa	ay	
						on only if you are filing for Chapter 7. By law, a judge m		
			but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line to applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the size of the official poverty line to applies to your family size and you are unable to pay the fee in installments).					
			the Application	icial Form 103B) and file it with your petition.				
9.	Have you filed for bankruptcy within the	■ No).					
	last 8 years?	☐ Ye	S.					
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being	■ No)					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	·S.					
	annate?		Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ No	Go to I	ine 12.				
	residence?	□Ye	es. Has yc	ur landlord obta	ained an eviction judgment again	st you?		
		. •		No. Go to line	12.			
				Yes. Fill out Int		Judgment Against You (Form 101A) and file it as part of	of	

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Document Page 4 of 59 Debtor 1 Shynean Lindsay Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat What is the hazard? of imminent and identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Shynean Lindsay Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	Silyilean Linusay				Odoo Ham			
Par	t 6: Answer These Quest	ions for Re	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts yo	ou owe that are not cons	umer debts or busin	ness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	oter 7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter are paid that funds will be			operty is excluded and administrative expenses rs?		
	administrative expenses		■ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		☐ 1,000-5,00	00	☐ 25,001-50,000		
	you estimate that you	■ 1-49 □ 50-99		☐ 5001-10,0		☐ 50,001-100,000		
	owe?	☐ 100-19	99	□ 10,001-25	,000	☐ More than100,000		
		200-99	99					
19.	How much do you	= \$0 - \$5	50.000	□ \$1,000,00	1 - \$10 million	□ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?	□ \$50,00	01 - \$100,000		01 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000		□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
		□ \$500,0	001 - \$1 million	— \$100,000,	- 4300 111111011	More than 450 billion		
20.	How much do you	s 0 - \$5	50,000		1 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		01 - \$100,000		01 - \$50 million 01 - \$100 million	\$1,000,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	_ ' ' '	001 - \$100 million 001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
		— \$500,0	oor - grimmon					
Par	Sign Below							
For	you	I have exa	amined this petition, and I	declare under penalty o	f perjury that the info	ormation provided is true and correct.		
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					not an attorney to help me fill out this			
		I request	relief in accordance with the	ne chapter of title 11, Un	ited States Code, sp	pecified in this petition.		
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, and 3571.						
			ean Lindsay n Lindsay		Signature of Deb	otor 2		
			of Debtor 1		Signature or Deb	noi Z		
		Executed		21	Executed on			
			MM / DD / YYYY		N	MM / DD / YYYY		

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Debtor 1 Shynean Lindsay Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Christopher J. Sleeper Signature of Attorney for Debtor	Date	December 15, 2021 MM / DD / YYYY
Christopher J. Sleeper 700884 Printed name		
Jeff Field & Associates Firm name		
342 North Clarendon Ave. Scottdale, GA 30079		
Number, Street, City, State & ZIP Code Contact phone 404-499-2700	Email address	contactus@fieldlawoffice.com
700884 GA Bar number & State		

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Fill ir	this informa	tion to identify you	r case:			
Debto	or 1	Shynean Lindsa	Middle Name	Last Name		
Debto	or 2	First Name	wilddie Name	Last Name		
(Spous	e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bank	ruptcy Court for the:	NORTHERN DISTRICT C	OF GEORGIA		
Case	number					
(if knov	vn)				_	Check if this is an
						amended filing
Oπ:	aial Farm	107				
	cial Forr		Affaira far Individ	luala Filipa far F) and successor	***
			Affairs for Individ			4/19
					e equally responsible for sup ny additional pages, write yo	
		Answer every que	•		,,, pg,, , .	
Part '	Give De	tails About Your Ma	arital Status and Where You	Lived Before		
1. V	Vhat is vour o	current marital statu	ıs?			
_	_					
		2d				
2. [Ouring the las	t 3 years, have you	lived anywhere other than v	where you live now?		
	□ No					
	Yes. List a	all of the places you l	ived in the last 3 years. Do no	ot include where you live no	W.	
	Debtor 1 Prio	r Address:	Dates Debtor 1	Debtor 2 Prior A	ddress:	Dates Debtor 2
	5826 Hunt C	lun Run Apt B	lived there From-To:			lived there ☐ Same as Debtor 1
	Norcross, G	•	off and on las		1	From-To:
_			years			
states I	and territories ■ No □ Yes. Make	s include Árizona, Ca e sure you fill out <i>Scl</i>	lifornia, Idaho, Louisiana, Nev	vada, New Mexico, Puerto F	nity property state or territor Rico, Texas, Washington and N	
Part 2	Explain	the Sources of You	r Income			
					ear or the two previous cale	endar years?
			u received from all jobs and a have income that you receive			
г	□ No					
Ī		n the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		f current year until for bankruptcy:	■ Wages, commissions, bonuses, tips	\$43,152.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Shynean Lindsay Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$54,713.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2020) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$45,000.00 ☐ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2019) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** each source (before deductions Describe below. Describe below. (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an ☐ No. individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount vou Was this payment for ... paid still owe

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Debtor 1	Shynean Lindsay	Document	Case number (if known)		

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No						
	☐ Yes. List all payments to an insider. Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos	<i>3. 3 3. 3</i>	•		ccount of a d	lebt that benefited an	
	No☐ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		this payment ditor's name	
Por	t 4: Identify Legal Actions, Repossessio	no and Faranlacuras	•				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title	tcy, were you a party in ar	s, divorces, collectio			rt or custody	
	Case number	Nature of the case	Court or agency		Status of th	ne case	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address			oreclosed, garnis	shed, attache	d, seized, or levied? Value of the property	
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details.	ptcy, did any creditor, inc		nancial institutior	n, set off any	amounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount	
	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes	another official?	erty in the possess	ion of an assigne	e for the ben	efit of creditors, a	
Par	t 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gift:	s with a total value	of more than \$60	0 per person	?	
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date: the g	s you gave ifts	Value	
	Person to Whom You Gave the Gift and Address:						

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Case number (if known)

14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No □ Yes. Fill in the details for each gift or contribution.						
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed		Dates you contributed	Value		
Par	t 6: List Certain Losses						
15.	Within 1 year before you filed for bankruptcy or gambling?	or since you filed for bankruptcy, did y	you lose anyth	ing because of thef	t, fire, other disaster		
	■ No						
	☐ Yes. Fill in the details.						
	Describe the property you lost and Des	cribe any insurance coverage for the le	oss	Date of your	Value of property		
		ude the amount that insurance has paid. I trance claims on line 33 of Schedule A/B:		loss	lost		
Par	t 7: List Certain Payments or Transfers						
16.	Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prep Include any attorneys, bankruptcy petition prepared to the consultation of th	aring a bankruptcy petition?			rty to anyone you		
	□ No						
	Yes. Fill in the details.						
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any prop transferred	Description and value of any property transferred		Amount of payment		
	Jeff Field & Associates	Attorney Fees: \$318		11/12/21	\$725.00		
	342 North Clarendon Ave. Scottdale, GA 30079 contactus@fieldlawoffice.com	Filing fee: \$338 Credit counseling/report: \$69	Filing fee: \$338		ψ123.00		
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.						
	■ No □ Yes. Fill in the details.						
	Person Who Was Paid	Description and value of any prom	a wife o	Data navmant	A marint of		
	Address	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers mainclude gifts and transfers that you have already No	siness or financial affairs? de as security (such as the granting of a s					
	Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and value of property transferred		ny property or received or debts	Date transfer was made		
	Person's relationship to you		paid III exc	nange			

Debtor 1 Shynean Lindsay

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Debtor 1 Shynean Lindsay

Case number (if known)

19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection)		y property to a	a self-settle	d trust or similar device	of which you are a
	No Yes. Fill in the details.					
	Name of trust	Description and v	alue of the pro	operty trans	ferred	Date Transfer was made
Par	tt 8: List of Certain Financial Accounts, Instru	ıments, Safe Deposit	Boxes, and S	torage Unit	s	
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o	•				
	houses, pension funds, cooperatives, associat	ions, and other finan	ncial institution	ns.		
	No Yes. Fill in the details.					
	Name of Financial Institution and La	ast 4 digits of ecount number	Type of acco	closed, sold, moved, or		Last balance before closing or transfer
transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other deposit cash, or other valuables?			itory for securities,			
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?
22.	Have you stored property in a storage unit or p	lace other than your	home within	1 year befor	e you filed for bankrupto	cy?
	No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?
	Public Storage 2423 Pleasant Hill Rd Duluth, GA 30096	Debtor		Misc personal belongings listed on Schedule A/B		□ No ■ Yes
Par	rt 9: Identify Property You Hold or Control for	Someone Else				
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.						or, or hold in trust
	■ No					
	Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the property		Value

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Debtor 1 Shynean Lindsay

Part 10: Give Details About Environmental Information

Case number (if known)

For	the purpose of Part 10, the following definitions	s apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground	· , , , , , , , , , , , , , , , , , , ,						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	aw, whether you now own, operate	, or utilize it or used					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic	substance,					
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of when	they occurred.						
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environ	mental law?					
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any	y release of hazardous material?							
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or admini	istrative proceeding under any envir	ronmental law? Include settlements	s and orders.					
	■ No	,							
	Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	rt 11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to a	ny husiness?					
	☐ A sole proprietor or self-employed in a	•	•	ny baomico.					
	☐ A member of a limited liability company		-						
	☐ A partner in a partnership								
☐ An officer, director, or managing executive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in		L						
	Business Name De	escribe the nature of the business	Employer Identification numb						
	Address (Number, Street, City, State and ZIP Code)	ame of accountant or bookkeeper	Do not include Social Securit Dates business existed	y number or ITIN.					

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Debtor 1 Shynean Lindsay

Case number (if known)

28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	cy, did you give a financial statement to	anyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	

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Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

Isl Shynean Lindsay
Shynean Lindsay
Signature of Debtor 1

Date
December 15, 2021
Date
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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		Docume	nt Page 16 of 59		
Fill in this inform	nation to identify your	case and this filing:	J		
Debtor 1	Shynean Lindsay				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	—	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF GEORGIA		
Case number _					☐ Check if this is an amended filing
					amended ming
Official Fo	rm 106 \ /D				
	rm 106A/B	- u4			
	e A/B: Prop				12/15
think it fits best. Be	e as complete and accura e space is needed, attach	te as possible. If two marrie	nce. If an asset fits in more than one cat d people are filing together, both are eqt n. On the top of any additional pages, wr	ually responsible for	supplying correct
Part 1: Describe	Each Residence, Building	, Land, or Other Real Estate	You Own or Have an Interest In		
1. Do you own or h	ave any legal or equitable	interest in any residence, b	ouilding, land, or similar property?		
■ No. Go to Part	2.				
☐ Yes. Where is	s the property?				
Part 2: Describe	Your Vehicles				
			nicles, whether they are registered of the G: Executory Contracts and Unexp		vehicles you own that
3. Cars, vans, tru	ucks, tractors, sport ut	lity vehicles, motorcycle	es		
■ No					
☐ Yes					
,			al vehicles, other vehicles, and acc sels, snowmobiles, motorcycle access		
■ No					
☐ Yes					
			ntries from Part 2, including any ent		\$0.00
Part 3: Describe	Your Personal and House	shold Itams			
		able interest in any of the	e following items?		Current value of the
		·	_		portion you own? Do not deduct secured claims or exemptions.
	ods and furnishings jor appliances, furniture,	linens, china, kitchenware	3		
Yes. Descr	ibe				
	Household	d goods and furnishin	gs		\$500.00
		-			
7. Electronics					

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 \square No

Official Form 106A/B Schedule A/B: Property page 1

Case 21-59333-bem Doc 1 Filed 12/15/21 Entered 12/15/21 16:41:09 Desc Main Page 17 of 59 Document Debtor 1 Shynean Lindsay Case number (if known) Yes. Describe..... \$400.00 Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$100.00 Clothing and shoes 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,000.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Cash

\$200.00

page 2

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De	ebtor 1	Shynean Lind	say		Case number (if known)	
17.	Examp			l accounts; certificates of dep ounts with the same institutio	posit; shares in credit unions, brokerage ho on, list each.	ouses, and other similar
	□ No ■ Yes			Institution name:	c	
			17.1. Checking	SunTrust		\$800.00
18.	Examp		publicly traded stoc envestment accounts wi	ks th brokerage firms, money m	narket accounts	
	■ No □ Yes		Institution or is	suer name:		
19.	Non-pu joint ve		ck and interests in inc	corporated and unincorpor	rated businesses, including an interest	in an LLC, partnership, and
	_	Give specific infor	mation about them			
			Name of entity:		% of ownership:	
20.	Negotia	able instruments in	nclude personal checks	negotiable and non-negotia s, cashiers' checks, promisso ot transfer to someone by sig	ory notes, and money orders.	
	☐ Yes. (Give specific inforr	mation about them			
			Issuer name:			
21.		nent or pension a les: Interests in IR		(k), 403(b), thrift savings acc	counts, or other pension or profit-sharing p	lans
	Yes. I	List each account s		Institution name:		
			Type of account: 401(k)	Institution name: Fidelity	•	Unknown
			401(K)			Olikilowii
22.	Your sh		deposits you have ma		service or use from a company gas, water), telecommunications compani	es, or others
	■ No □ Yes			Institution name	or individual:	
23			a periodic payment of	money to you, either for life o	or for a number of years)	
20.	■ No	`	,		or for a flambor of yours)	
	☐ Yes	lssu	er name and description	on.		
24.			IRA, in an account in 19A(b), and 529(b)(1).	า a qualified ABLE program	m, or under a qualified state tuition proເ	gram.
	☐ Yes	Insti	itution name and desci	ription. Separately file the rec	cords of any interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or futu	re interests in prope	ty (other than anything list	ted in line 1), and rights or powers exer	cisable for your benefit
	☐ Yes.	Give specific infor	mation about them			
26.				ts, and other intellectual proceeds from royalties and lic		
	☐ Yes.	Give specific infor	mation about them			
27.			nd other general intar its, exclusive licenses,		dings, liquor licenses, professional license	s
		Give specific infor	mation about them			

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Der	DIOI I Shynean Linusay		C	ase Hullibel (II kriowii)	
				_	
Mo	ney or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
_	Tax refunds owed to you □ No				
	Yes. Give specific information about the	nem, including whether you already	filed the returns and	I the tax years	
		2021 tax refund		Federal and state	\$2,000.00
•	Family support Examples: Past due or lump sum alimor No	ny, spousal support, child support,	maintenance, divorc	e settlement, property set	tlement
	☐ Yes. Give specific information				
	Other amounts someone owes you Examples: Unpaid wages, disability insubenefits; unpaid loans you mental No		s, sick pay, vacation	pay, workers' compensa	tion, Social Security
	☐ Yes. Give specific information				
_	Interests in insurance policies Examples: Health, disability, or life insur No	rance; health savings account (HS/	A); credit, homeowne	er's, or renter's insurance	
_	☐ Yes. Name the insurance company of Company r		Beneficiary	r:	Surrender or refund value:
ı	Any interest in property that is due yo If you are the beneficiary of a living trust someone has died. No		ance policy, or are cu	urrently entitled to receive	property because
L	☐ Yes. Give specific information				
	Claims against third parties, whether examples: Accidents, employment disputed No			or payment	
	Yes. Describe each claim				
	Other contingent and unliquidated cla	ims of every nature, including co	ounterclaims of the	debtor and rights to se	t off claims
	☐ Yes. Describe each claim				
	Any financial assets you did not alrea No	dy list			
	☐ Yes. Give specific information				
36.	Add the dollar value of all of your en for Part 4. Write that number here			ou have attached	\$3,000.00
Part	t 5: Describe Any Business-Related Prope	rty You Own or Have an Interest In. L	ist any real estate in F	Part 1.	
37. I	Do you own or have any legal or equitable i	nterest in any business-related prope	erty?		
_	No. Go to Part 6.	, []	,		
	Yes. Go to line 38.				

Official Form 106A/B Schedule A/B: Property page 4

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Deb	tor 1	Shynean Lindsay	iit r	aye 20 01 .	Case number (if known)	
Part		escribe Any Farm- and Commercial Fishing-Related Property you own or have an interest in farmland, list it in Part 1.	You Own	or Have an Interes	it In.	
46. l	Do yo	u own or have any legal or equitable interest in any fa	rm- or co	mmercial fishin	g-related property?	
	No.	. Go to Part 7.				
	☐ Yes	s. Go to line 47.				
Part	7:	Describe All Property You Own or Have an Interest in That	t You Did I	Not List Above		
53.	•	u have other property of any kind you did not already apples: Season tickets, country club membership	list?			
	Lxam, ■ No	pics. deason tickets, country diab membership				
		. Give specific information				
54.		the dollar value of all of your entries from Part 7. Write	e that nu	mber here		\$0.00
55.		1: Total real estate, line 2				\$0.00
56.		2: Total vehicles, line 5		\$0.00		Ψ0.00
57.	Part	3: Total personal and household items, line 15		\$1,000.00		
58.	Part	4: Total financial assets, line 36		\$3,000.00		
59.	Part	5: Total business-related property, line 45		\$0.00		
60.	Part	6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part	7: Total other property not listed, line 54	+	\$0.00		
62.	Tota	I personal property. Add lines 56 through 61		\$4,000.00	Copy personal property total	\$4,000.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$4,000.00

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Fill in this inform	mation to identify your	case:		
Debtor 1	Shynean Lindsay			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	
Case number				☐ Check if this is an amended filing
				amended ming

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the /	Property	You	Claim	as	Exempt
---------	----------	-------	-----------------	-----	-------	----	--------

 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with 	. W	Vhich set of exem	ptions are vou claimi	ıa?	Check one only	. even if	vour spouse	is filina	with v	oυ.
--	-----	-------------------	-----------------------	-----	----------------	-----------	-------------	-----------	--------	-----

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
\$500.00		\$500.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$400.00		\$400.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$100.00		\$100.00	O.C.G.A. § 44-13-100(a)(4)
		100% of fair market value, up to any applicable statutory limit	
\$200.00		\$200.00	O.C.G.A. § 44-13-100(a)(6)
		100% of fair market value, up to any applicable statutory limit	
\$800.00	•	\$800.00	O.C.G.A. § 44-13-100(a)(6)
	\$500.00 \$100.00 \$200.00	\$100.00	\$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$500.00 \$400.00 \$400.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$200.00 \$100% of fair market value, up to any applicable statutory limit

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Det	otor 1	or 1 Shynean Lindsay		Case number (if known)					
		description of the property and dule A/B that lists this property			ount of the exemption you claim	Specific laws that allow exemption			
				Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
		eral and state: 2021 tax r	refund	\$2,000.00		\$2,000.00	O.C.G.A. § 44-13-100(a)(6)		
	LINE	HOITI Scriedule A/B. 20.1				100% of fair market value, up to any applicable statutory limit			
3.		you claiming a homestead ε ject to adjustment on 4/01/22				led on or after the date of adjustmer	nt.)		
		No							
		Yes. Did you acquire the prop	perty covered	by the exemption wi	thin 1	,215 days before you filed this case	?		
		□ No							
		☐ Yes							

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Fill in this inform						
Debtor 1	Shynean Lindsay	,				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA			
Case number _					_	
(if known)					_	Check if this is an
					;	amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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		Document	Page	24 of 5	59			
Fill in this infor	mation to identify your case:							
Debtor 1	Shynean Lindsay							
200101	First Name	Middle Name	Last Name)				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name)				
United States Ba	ankruptcy Court for the: NOF	RTHERN DISTRICT OF (GEORGIA					
Case number						_	Oh a ala	if the in the
(II KIIOWII)						Ц		if this is an ed filing
Official Forr	m 106F/F							
	E/F: Creditors Who	Have Unsecure	d Claim	S				12/15
Schedule G: Exect Schedule D: Credi	tracts or unexpired leases that coutory Contracts and Unexpired Leators Who Have Claims Secured butinuation Page to this page. If yomber (if known).	eases (Official Form 106G) y Property. If more space i	. Do not inclu is needed, co	de any cre py the Par	editors with partially s t you need, fill it out,	ecured clai	ms that a entries in	re listed in the boxes on the
Part 1: List A	III of Your PRIORITY Unsecur	red Claims						
1. Do any credit	ors have priority unsecured clain	ns against you?						
☐ No. Go to I	Part 2.							
Yes.								
identify what ty possible, list th	Ir priority unsecured claims. If a c /pe of claim it is. If a claim has both ne claims in alphabetical order acco than one creditor holds a particular	priority and nonpriority amore rding to the creditor's name.	unts, list that o	laim here a	and show both priority a	nd nonpriori	ity amount	s. As much as
(For an explan	nation of each type of claim, see the	instructions for this form in t	the instruction	booklet.)				
					Total claim	Priority amount		Nonpriority amount
	a Department of Revenue	Last 4 digits of acco	ount number	SSN	\$0.00		\$0.00	\$0.00
•	reditor's Name iance Division	When was the debt	incurred?					
1800 C	entury Blvd., NE, S9100	mon was the dobt	mountou.					
	I, GA 30345 Street City State Zip Code	As of the date you f	ile, the claim	is: Check	all that apply			
	ed the debt? Check one.	☐ Contingent	•					
Debtor 1	only	☐ Unliquidated						
Debtor 2	only	☐ Disputed						
Debtor 1	and Debtor 2 only	Type of PRIORITY u	unsecured cla	im:				
☐ At least o	ne of the debtors and another	☐ Domestic support	t obligations					
☐ Check if	this claim is for a community de	bt Taxes and certain	n other debts y	ou owe the	government			
Is the claim	subject to offset?	☐ Claims for death of	or personal inj	ury while yo	ou were intoxicated			
■ No		Other. Specify						
☐ Yes			Notice Onl	у				

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Debt	tor 1 Shynean Lindsay	Case number (if known)						
2.2	IRS Insolvency Unit Priority Creditor's Name	Last 4 digits of account number	SN \$0.00	\$0.00				
	401 W. Peachtree St., NW Room 400, Stop 334-D Atlanta, GA 30308	when was the dept incurred?						
	Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply					
	Who incurred the debt? Check one.	☐ Contingent						
	Debtor 1 only	☐ Unliquidated						
	☐ Debtor 2 only	☐ Disputed						
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim	:					
	☐ At least one of the debtors and another	☐ Domestic support obligations						
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you	owe the government					
	Is the claim subject to offset?	☐ Claims for death or personal injury	while you were intoxicated					
	■ No	☐ Other. Specify						
	Yes	Notice Only						
4. L	Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.	aim. For each claim listed, identify what	type of claim it is. Do not list claims already	y included in Part 1. If more				
				Total claim				
4.1	Credence Resource Management, LLC	Last 4 digits of account number	9658	\$124.00				
	Nonpriority Creditor's Name Attn: Bankruptcy 4222 Trinity Mills Road Suite 260 Dallas, TX 75287	When was the debt incurred?	Opened 5/04/21	_				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did n	ot				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	Yes	Other. Specify 10 Dish Ne	twork L L C					

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Debtor	1 Shynean Lindsay	Case number (if known)							
4.2	Enhanced Recovery Company Nonpriority Creditor's Name	Last 4 digits of account number	0558	\$210.00					
	Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256	When was the debt incurred?	Opened 12/20						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured							
	\square Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not							
	Is the claim subject to offset?	report as priority claims							
	No	Debts to pension or profit-sharin	• •						
	Yes	Other. Specify Collection	Attorney Tmobile						
4.3	Kohls/capone	Last 4 digits of account number	SSN	\$23.00					
	Nonpriority Creditor's Name Attn: Credit Administrator PO Box 3043	When was the debt incurred?							
	Milwaukee, WI 53201	_							
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only								
	□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims							
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts						
	Yes	Other. Specify Credit card							
4.4	Navient	Last 4 digits of account number	1222	\$13,389.00					
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773	When was the debt incurred?	Opened 12/04 Last Active 10/22/21						
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only ☐ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt	Student loans Obligations arising out of a sena	ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not						
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts						
	☐ Yes	Other. Specify							
		Educationa	I						

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Debtor	1 Shynear	Lindsay		Case n	umber (if known)				
4.5	Prestige F	inancial Svc	Last 4 digits of account number	0334	<u> </u>	\$13,000.00			
Draper, U		ruptcy ortunity Way	When was the debt incurred?	Oper 01/20	ned 09/14 Last Active				
	Number Stree	t City State Zip Code the debt? Check one.	As of the date you file, the claim	is: Chec	k all that apply				
	■ Debtor 1 o		☐ Contingent						
	Debtor 2 or	•	☐ Unliquidated						
		nd Debtor 2 only	☐ Disputed						
	_	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	_	nis claim is for a community	☐ Student loans						
	debt	ubject to offset?	Obligations arising out of a separeport as priority claims	aration aç	greement or divorce that you did not				
	■ No	•	☐ Debts to pension or profit-sharir	ng plans,	and other similar debts				
	Yes		■ Other Specify Automobile	9					
4.6	SCANA En	ergy	Last 4 digits of account number	6866		\$135.00			
	Nonpriority Cre	editor's Name	· -	_		·			
	Attn: Bank Po Box 10	0157	When was the debt incurred?	6/21/	ned 04/15 Last Active /18				
	Columbia,		As of the date you file the claim	As of the date you file, the claim is: Check all that apply					
	Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		As of the date you me, the claim	is. Office	k all triat apply				
			☐ Contingent						
			☐ Unliquidated						
			☐ Disputed						
			Type of NONPRIORITY unsecure	d claim:					
	_	nis claim is for a community	☐ Student loans						
	debt	ubject to offset?	Obligations arising out of a separeport as priority claims	aration aç	greement or divorce that you did not				
	■ No		Debts to pension or profit-sharing	ng plans,	and other similar debts				
	☐ Yes		Other. Specify Agriculture						
Dord 0	List Other		That Wass Alexa de Lista d						
is tryin have n notifie	is page only if ng to collect from than one d for any debt	om you for a debt you owe to som creditor for any of the debts that y is in Parts 1 or 2, do not fill out or Amounts for Each Type of Uns	out your bankruptcy, for a debt that y neone else, list the original creditor in you listed in Parts 1 or 2, list the addi submit this page.	n Parts 1 itional cr	or 2, then list the collection agency reditors here. If you do not have add	here. Similarly, if you itional persons to be			
	ne amounts of f unsecured c		s. This information is for statistical r	eporting	g purposes only. 28 U.S.C. §159. Add	the amounts for each			
	^	Domostia compart -t-litic		6-	Total Claim				
Total claims	6a	. Domestic support obligations		6a.	\$0.00				
from Pai	rt 1 6b	. Taxes and certain other debts	you owe the government	6b.	\$ 0.00				
	6c.	•	jury while you were intoxicated	6c.	\$ 0.00				
	6d	. Other. Add all other priority unse	cured claims. Write that amount here.	6d.	\$				
	6e	. Total Priority. Add lines 6a throu	gh 6d.	6e.	\$				
					Total Claim				
Total	6f.	Student loans		6f.	\$ 13,389.00				
claims from Par	r t 2 6g	Obligations arising out of a ser	paration agreement or divorce that						
	6h	you did not report as priority c		6g. 6h.	\$ <u>0.00</u>				

Official Form 106 E/F

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Debtor 1 Shynean Lindsay

Case number (if known)

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ 13,492.00 \$

6j. Total Nonpriority. Add lines 6f through 6i. 6j. \$ 26,881.00

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Fill in this infor	mation to identify your				
Debtor 1	Shynean Lindsay	1			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA		
Case number (if known)				☐ Check if th amended f	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Public Storage
2423 Pleasant Hill Rd
Duluth, GA 30096

State what the contract or lease is for
Storage unit

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		Docume	nt Page 30 C	אס וע	
Fill in this	information to identify your	case:			
Debtor 1	Chymaen Lindau				
Debioi i	Shynean Lindsay First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	g) First Name	Middle Name	Last Name	_	
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA		
_					
Case numb (if known)	per				☐ Check if this is an
(amended filing
					g
Official	Form 106H				
		abtera			
<u>scnea</u>	ule H: Your Cod	eptors			12/15
■ No □ Yes 2. With Arizona ■ No. □ Yes.	nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. . Did your spouse, former spo	J lived in a community pr , Nevada, New Mexico, Pu use, or legal equivalent live	roperty state or territor lerto Rico, Texas, Wash e with you at the time?	ry? (<i>Community propert</i> iington, and Wisconsin.)	y states and territories include g with you. List the person shown
Form 1				06G). Use Schedule D,	ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D. lin	۵
	Name			Schedule E/F, I	
				☐ Schedule G, lin	
_				— Ochedale O, IIII	
	Number Street City	State	ZIP Code		
(Oity	State	ZIP Code		
				П ожилия в т	_
3.2	Name			Schedule D, lin	
,				☐ Schedule E/F, I	
				☐ Schedule G, lin	ue
	Number Street	Stata	ZIP Code		
(City	State	ZIP Code		

						_				
	in this information to identify your									
De	btor 1 Shynean Li	indsay			_					
1 -	ouse, if filing)				_					
Un	ited States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF GEORGIA							
	se number nown)		-			☐ An		nt showing	g postpetition ollowing date:	
0	fficial Form 106l					MM	// DD/ Y	YYY		
S	chedule I: Your Inc	ome					., 55, 1			12/15
spo	plying correct information. If you buse. If you are separated and you hach a separate sheet to this form. It 1: Describe Employment Fill in your employment	ur spouse is not filing w . On the top of any additi	ith you, do not inclu onal pages, write yo	ıde infor	mati	on about y d case nun	our spounder (if k	use. If mo nown). A	ore space is nswer every	needed,
	information.		Debtor 1			_	_		ling spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed□ Not employed				☐ Emplog ☐ Not em	•		
	employers.	Occupation	Semi truck driv	er						
	Include part-time, seasonal, or self-employed work.	Employer's name	Smith Transpor	rt						
	Occupation may include student or homemaker, if it applies.	Employer's address	153 Smith Tran Roaring Spring							
		How long employed t	here? <u>Februa</u>	ıry 2021						
Pa	rt 2: Give Details About Mo	onthly Income								
	imate monthly income as of the ouse unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, write \$	\$0 in the s	space. Inc	clude your no	n-filing
	ou or your non-filing spouse have me space, attach a separate sheet to		ombine the information	on for all	empl	oyers for th	at persor	n on the lir	nes below. If	you need
						For Debte	or 1		otor 2 or ng spouse	
2.	List monthly gross wages, saldeductions). If not paid monthly,			2.	\$	4,3	15.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$	4,315	5.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debtor 1		Shynean Lindsay	-	C	Case r	number (<i>if ki</i>	nown)				
					For	Debtor 1			r Debtor n-filing s		
	Cop	y line 4 here	4.		\$	4,315	5.00	\$	ii-iiiiig s	N/A	
5.	l ist	all payroll deductions:						_			_
0.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	69	1.00	\$		N/A	
	5a. 5b.	Mandatory contributions for retirement plans	5a 5b		\$ 		0.00	\$ \$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		_{\$} —		0.00	Ψ_		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$ 		0.00	\$_		N/A	_
	5e.	Insurance	5e		<u>\$</u> —		0.00	ς \$		N/A	_
	5f.	Domestic support obligations	5f.		<u>\$</u> —		0.00	\$-		N/A	_
	5g.	Union dues	5g		\$ —		0.00	<u> </u>		N/A	_
	5h.	Other deductions. Specify:	5h		<u>*</u> —		0.00	+ \$ -		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$		1.00	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,634		\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				•		_			_
		monthly net income.	8a	ì.	\$	(0.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$	(0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c) .	\$	(0.00	\$		N/A	
	8d.	Unemployment compensation	8d	i.	\$		0.00	\$		N/A	_
	8e.	Social Security	8e) .	\$		0.00	\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	- 8f. 8g		\$ 		0.00	\$ \$		N/A N/A	_
	8h.	Other monthly income. Specify:	8h		\$		0.00	+ \$ _		N/A	_
9.	Add		9.	\$		(0.00	\$		N/A	4
			Г	L						1	
10.		· · · · · · · · · · · · · · · · · · ·	10.	\$	3	3,634.00	+ \$		N/A	= \$	3,634.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L								
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify:	depe			•		•	Schedule	<i>∃</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							e. 12.	\$Combi	
13.	Do	you expect an increase or decrease within the year after you file this form	?							month	ly income
		No.									
		Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2

Fillin	n this informa	tion to identify yo	our case:							
Debto		Shynean Lin				Che	ck if this is: An amended filing			
Debte	or 2 use, if filing)						A supplement show	wing postpetition chapter		
` .			NODE	JEDN DIOTDIOT OF OFOI	2014	13 expenses as of the following date:				
Unite	d States Bankr	uptcy Court for the	: NORTH	IERN DISTRICT OF GEOI	RGIA		MM / DD / YYYY			
Case (If kn	e number own)									
		rm 106J								
		J: Your						12/1		
info	rmation. If m		eded, atta	. If two married people ar ch another sheet to this n.						
Part	1: Describe this a join	ibe Your House	hold							
1.	No. Go to									
			in a separ	ate household?						
	□N	0								
	ΠY	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state							□ No		
	dependents	names.					_	□ Yes □ No		
								☐ Yes		
								□ No		
								☐ Yes		
								□ No □ Yes		
3.	Do your exp	enses include		No				Li Tes		
		f people other t d your depende	han $_{\square}$	Yes						
Part	2: Estim	ate Your Ongoi	na Month	y Evnances						
Esti	mate your ex	cpenses as of y	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp						
				government assistance i						
(Offi	icial Form 10)6I.)					Your exp	enses		
4.		or home owners		ses for your residence. In	nclude first mortgag	e 4. \$.	500.00		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a. S	5	0.00		
	•	rty, homeowner's				4b. S	·	0.00		
				ipkeep expenses		4c. S		0.00		
5.		owner's associat		oominium dues our residence, such as ho	me equity loans	4d. 9 5. 9	·	0.00 0.00		

Deb	tor 1 Shynean	Lindsay	Case num	ber (if known)	
6.	Utilities:				
0.		heat, natural gas	6a.	\$	0.00
		ver, garbage collection	6b.		0.00
	,	, cell phone, Internet, satellite, and cable services	6c.		220.00
	6d. Other. Spe		6d.	· ·	0.00
7.		ekeeping supplies	7.		600.00
8.		hildren's education costs	8.	·	0.00
9.		ry, and dry cleaning	9.	·	130.00
-	_	roducts and services	10.		140.00
11.			11.	·	100.00
		Include gas, maintenance, bus or train fare.		Ψ	100.00
12.	Do not include ca		12.	\$	400.00
13.		clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
		ibutions and religious donations	14.		0.00
	Insurance.			·	<u> </u>
		surance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurar	nce	15a.	\$	0.00
	15b. Health insu	urance	15b.	\$	0.00
	15c. Vehicle ins	surance	15c.	\$	0.00
	15d. Other insur	rance. Specify:	15d.	\$	0.00
16.		clude taxes deducted from your pay or included in lines 4 or 20.			
	Specify:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16.	\$	0.00
17.	Installment or le	ase payments:			
	17a. Car payme	ents for Vehicle 1	17a.	\$	0.00
	17b. Car payme	ents for Vehicle 2	17b.	\$	0.00
	17c. Other. Spe	ecify: Gym membership	17c.	\$	25.00
		cify: Storage unit	17d.	\$	200.00
	Rental ca	•		\$	400.00
18.		 of alimony, maintenance, and support that you did not report	as	·	100.00
		our pay on line 5, Schedule I, Your Income (Official Form 106		\$	0.00
19.		you make to support others who do not live with you.	,	\$	0.00
	Specify:		19.		
20.	Other real prope	erty expenses not included in lines 4 or 5 of this form or on So	chedule I: Yo	our Income.	
	20a. Mortgages	on other property	20a.	\$	0.00
	20b. Real estate	e taxes	20b.	\$	0.00
	20c. Property, h	nomeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenand	ce, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowne	er's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	Mother's assisted living facility (78)	21.	+\$	1,200.00
		nsurance and vehicle insurance		+\$	121.00
22.	•	nonthly expenses			
	22a. Add lines 4 t	<u> </u>		\$	4,036.00
	22b. Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$	
	22c. Add line 22a	a and 22b. The result is your monthly expenses.		\$	4,036.00
-00					·
23.	•	nonthly net income.	00-	Φ.	0.004.00
		12 (your combined monthly income) from Schedule I.	23a.	·	3,634.00
	23b. Copy your	monthly expenses from line 22c above.	23b.	-\$	4,036.00
	00 - 0 - 1 - 1 1	the second secon			
		our monthly expenses from your monthly income.	23c.	\$	-402.00
	rne result	is your monthly net income.	200.	L *	
24.		In increase or decrease in your expenses within the year after			ease or decrease because of a
	modification to the t	d expect to initial paying for your car loan within the year of do you expect years of your mortgage?	, our mortgage	payment to men	oddo or doorodde bedadde UI a
	■ No.				
	☐ Yes.	Explain here: Debtor has higher food expenses due to b	eing on the	e road as a t	truck driver.

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Fill in this infor	mation to identify your	case:		
Debtor 1	Shynean Lindsay	,		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
	ankruptcy Court for the:	NORTHERN DIS	TRICT OF GEORGIA	
Office Offices De	arministry Court for the.	TION THE NAME OF THE PARTY OF T	THE SECRETARY	
Case number (if known)				☐ Check if this is an amended filing
you have lease You must file the whiche on the	ever is earlier, unless the form	and the lease has n rithin 30 days after ne court extends th	ot expired. you file your bankruptcy petition or by the e time for cause. You must also send cop th are equally responsible for supplying c	ies to the creditors and lessors you list
sign a Be as complete write y	nd date the form.	ole. If more space is nber (if known).	s needed, attach a separate sheet to this fo	
	tors that you listed in Pa		: Creditors Who Have Claims Secured by	Property (Official Form 106D), fill in the
	reditor and the property t	hat is collateral	What do you intend to do with the prop secures a debt?	erty that Did you claim the property as exempt on Schedule C
Creditor's			□ Comment on the same of	□ N:
name:			☐ Surrender the property.☐ Retain the property and redeem it.	□ No
			☐ Retain the property and redeem it. ☐ Retain the property and enter into a	☐ Yes
Description of	f		Reaffirmation Agreement.	
property securing debt	:		☐ Retain the property and [explain]:	
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	

Official Form 108

Creditor's

Description of

securing debt:

Description of

securing debt:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

☐ Retain the property and enter into a

Reaffirmation Agreement.

☐ Surrender the property.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Yes

□ No

☐ Yes

☐ No

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Debtor 1	Shynean	Lindsay	Case nur	Case number (if known)					
prope	ription of		 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes					
n the inf ou may	unexpired per formation belo assume an u	ow. Do not list real estate lea nexpired personal property	u listed in Schedule G: Executory Contracts and ses. Unexpired leases are leases that are still lease if the trustee does not assume it. 11 U.S.	in effect; the lease period has not yet ended. C. § 365(p)(2).					
Describ	e your unexpi	red personal property leases	S	Will the lease be assumed?					
Lessor's name: Public Storage		Public Storage		□ No					
Descript Property	ion of leased	Storage unit		■ Yes					
Part 3:	Sign Below								
		ry, I declare that I have indic tt to an unexpired lease.	cated my intention about any property of my es	state that secures a debt and any personal					
X /s/	Shynean Lir	ndsay	X						
	ynean Linds	•	Signature of Debtor 2						
Dat		nber 15, 2021	Date						

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			1 0.90 01 01	
Fill in this inforr	mation to identify your	case:		
Debtor 1	Shynean Lindsay	1		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF GEORGIA	
Case number (if known)				☐ Check if this is an
				amended filing
				 •

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your as Value o	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,000.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	4,000.00
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	26,881.00
	Your total liabilities	\$	26,881.00
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,634.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,036.00
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Shynean Lindsay Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	13,389.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	13,389.00

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					•
Fill in this i	information to identify your	case:			
Debtor 1	Shynean Lindsay	•			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
	-	NODTHEDN DIOTDIO	. 05 0500014		
United State	es Bankruptcy Court for the:	NORTHERN DISTRIC	I OF GEORGIA		
Case numb	er				
(if known)					☐ Check if this is an
					amended filing
Official F	Form 106Dec				
		n Individual	Dobtorio (Sahadulaa	
Decia	ration About a	in individua	Deptor S	schedules	12/15
If two morris	ed people are filing together	r both are equally reco	ncible for cumplying	correct information	
ii two iiiaiii	ca people are ming together	, both are equally respe	maible for supplying	correct information.	
You must fil	le this form whenever you fi	le bankruptcy schedule	s or amended schedu	ules. Making a false sta	tement, concealing property, or
					000, or imprisonment for up to 20
years, or bo	oth. 18 U.S.C. §§ 152, 1341, 1	519, and 3571.		•	
	Sign Below				
Did vo	ou pay or agree to pay some	one who is NOT an atto	rnev to help you fill o	out hankruntey forms?	
Dia yo	ou pay or agree to pay some	one who is ito i an allo	iney to help you ill o	at bankruptcy forms:	
■ N	lo				
ПΥ	es. Name of person			Attach Bai	nkruptcy Petition Preparer's Notice,
_					n, and Signature (Official Form 119)
Under	penalty of perjury, I declare	that I have read the sun	mary and schedules	filed with this declarat	ion and
	ey are true and correct.		,		
Y /c/	Chypson Lindsov		x		
	Shynean Lindsay Tynean Lindsay			e of Debtor 2	
	anature of Debtor 1		Oigilatui	5 5. Doblo: L	
	,				
Da	te December 15, 2021		Date _		

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia

	110.	i therii District of Georgia	ı		
In re	Shynean Lindsay		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTOR	RNEY FOR DI	EBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filter rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be paid	to me, for services ren	idered or to
	For legal services, I have agreed to accept		\$	1,318.00	
	Prior to the filing of this statement I have received	<u> </u>	\$	318.00	
	Balance Due			1,000.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are mem	bers and associates of	my law firm.
	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na				w firm. A
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspect	s of the bankruptcy	ase, including:	
	a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of credid. Representation of the debtor in adversary proceeding. [Other provisions as needed] e. [Other provisions as needed]: A lawy debtor(s) at the 11 U.S.C. Section 341 M	atement of affairs and plan which tors and confirmation hearing, ar ags and other contested bankrupto yer may be paid a fee of \$60	n may be required; and any adjourned hea by matters;	rings thereof;	
6.	By agreement with the debtor(s), the above-disclosed for	ee does not include the following	g service:		
		CERTIFICATION			
	Concerning that the foregoing is a complete statement of a ankruptcy proceeding.	ny agreement or arrangement for	payment to me for r	epresentation of the de	btor(s) in
	ecember 15, 2021	/s/ Christopher J.			
Ē	ate	Christopher J. Sleading of Attorner Jeff Field & Asso 342 North Clarent Scottdale, GA 300	ciates don Ave. 079		

contactus@fieldlawoffice.com

Name of law firm

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United States Bankruptcy Court Northern District of Georgia

		Northern District of Georgia		
In re	Shynean Lindsay		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR	MATRIX	
The abo	ove-named Debtor hereby verifies	that the attached list of creditors is true and c	correct to the best	of his/her knowledge.
Date:	December 15, 2021	/s/ Shynean Lindsay		

Signature of Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$78	administrative fee
+ \$15	trustee surcharge
\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
_	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill i	n this information to identify your case:							irected in this form and	d in Form
Deb	tor 1 Shynean Lindsay				12	2A-1S	nbb:		
	tor 2					□ 1. T	here is no pres	umption of abuse	
Unit	ed States Bankruptcy Court for the: Northern District of	Georg	jia			;	applies will be n	o determine if a presu nade under <i>Chapter</i> 7	
Cas (if kno	e number				.	_	,	cial Form 122A-2).	
(II KIIC	wii)							does not apply now by service but it could a	
						☐ Ch	eck if this is a	n amended filing	
	<u>icial Form 122A - 1</u>								
Ch	apter 7 Statement of Your Cur	rent	t Mor	nthly	y Inc	om	е		04/20
attacl case	complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wnumber (if known). If you believe that you are exempted fror ying military service, complete and file Statement of Exempted 1: Calculate Your Current Monthly Income	hich the	addition sumption	al infor	mation a se becau	ipplies se you	On the top of aid do not have pring	ny additional pages, wri narily consumer debts (te your name and or because of
1.	What is your marital and filing status? Check one on	ly.							
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married and your spouse is filing with you. Fill ou	t both (Columns	A and	B, lines	2-11.			
	☐ Married and your spouse is NOT filing with you.								
	☐ Living in the same household and are not lega	lly sep	arated. F	- Fill out	both Co	lumns	A and B, lines 2	2-11.	
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	egally s	eparated	l under	nonban	krupto	y law that applie	es or that you and you	
10 th	Il in the average monthly income that you received from all so of (10A). For example, if you are filing on September 15, the 6-mile 6 months, add the income for all 6 months and divide the total couses own the same rental property, put the income from that property.	onth per by 6. Fil	iod would I in the res	be Mar sult. Do	ch 1 throi not includ	ugh Aug de any i	gust 31. If the amount m	ount of your monthly incor ore than once. For examp	ne varied during ble, if both
						Colur Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and co	mmissic	ns (be	fore all	\$	4,905.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	payme	nts from	a spou	se if	\$	0.00	\$	
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp	Include , your o	e regular depender	contrib	outions rents,	\$	0.00	C.	
_	filled in. Do not include payments you listed on line 3. Net income from operating a business, profession,	or form				Φ	0.00	\$	
5.	net income from operating a pusiness, profession,	Ji iaiii		tor 1					
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from a business, profession, or farr	n \$	0.00	Сору	here ->	\$	0.00	\$	
6.	Net income from rental and other real property	· · ·							
			Deb	tor 1					
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from rental or other real property	\$	0.00	Сору	here ->	\$	0.00	\$	
7.	Interest, dividends, and royalties					\$	0.00	\$	
1									

Official Form 122A-1

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Debto	or 1 _	Shynean	Lindsay				-	Case number	er (<i>if known</i>)			
								Column A Debtor 1		Column Debtor 2 non-filir		
8.	Unem	nploymen	t compensat	ion				\$	0.00	\$		
	the So For	ocial Secu r you	rity Act. Inste	u contend that the ad, list it here:	\$	received was a	benefit under 0.00					
	For	r your spo	use		\$							
	benef not inc United disabil pay pay does if retire	it under the clude any described States Gality, or described and under not excees and under and excees and under and excees and under and excees and exceed and exceeding exceedin	e Social Secucompensation compensation covernment in ath of a member 61 of the amount any provision	me. Do not include urity Act. Also, exc n, pension, pay, an connection with a per of the uniforme title 10, then include of retired pay to wo of title 10 other th	cept as stannuity, or a disability ed service ude that publich you an chapte	ated in the next allowance paid y, combat-relate es. If you receive ay only to the ex would otherwise er 61 of that title	sentence, do by the d injury or ed any retired xtent that it e be entitled .	\$	0.00	\$		
10.	Do no under under coron crime compe Gover death	ot include a the Fede the Natio avirus dis , a crime a ensation rnment in of a mem	any benefits reral law relating nal Emergence ease 2019 (Cagainst human pension, pay, connection with the real law to the real	ces not listed aborder the georetic to the national egies Act (50 U.S.C OVID-19); paymenity, or international annuity, or allowath a disability, conformed services. It tal below	Social Somergency 1601 et ants received or domance paid mbat-relate	ecurity Act; payry declared by the seq.) with respected as a victim contestic terrorism; by the United Steed injury or disasted.	ments made e President ect to the of a war or tates ability, or	¢	0.00	¢		
		•						\$	0.00	\$ \$		
		Total a	mounts from	separate pages, it	f anv			\$ \$	0.00	Ψ \$		
					•		+	Ψ		Ψ		
11.				: monthly income otal for Column A				4,905.00	+ -			4,905.00
Part	2:	Determi	ne Whether t	he Means Test A	pplies to	You					incom	
12.	Calcu	ılate your	current mor	thly income for t	the year.	Follow these ste	eps:					
	12a. (Copy your	total current	monthly income from	om line 1	1		Сор	y line 11 h	nere=>	\$	4,905.00
	ľ	Multiply by	12 (the numb	per of months in a	year)						X	12
	12b. 7	The result	is your annua	I income for this p	oart of the	form				1	12b. \$	58,860.00
13.	Calcu	ılate the r	nedian family	/ income that app	plies to y	ou. Follow thes	e steps:					
	Fill in	the state	n which you l	ve.		GA						
	Fill in	the numb	er of people ir	your household.		1						
	To fin	d a list of	applicable me	me for your state a dian income amo o be available at t	unts, go d	online using the		in the separ	ate instruc		l3. \$	53,105.00
14.	How	do the lin	es compare?	•								
	14a.			than or equal to lin			1, check box	1, There is	no presum	ption of al	ouse.	
	14b.			than line 13. On fill out Form 122/	•	page 1, check	box 2, The pro	esumption o	of abuse is	determined	d by Form 1	22A-2.
Part	3:	Sign Be	low									
	E	By signing	here, I decla	e under penalty o	f perjury	that the informat	tion on this sta	atement and	I in any atta	achments i	s true and c	orrect.
	Х		nean Linds an Lindsay	ay								
l		Grigine	un Emusay									

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Debtor 1	Shynean Lindsay	Case number (if known)	
	Signature of Debtor 1		
Dat	December 15, 2021 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

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Fill	I in this information to identify your case:		Check the appropriat nes 40 or 42:	e box as directed in
Del	Shynean Lindsay		According to the calc	culations required by this
	obtor 2		Statement:	diations required by this
Uni	ited States Bankruptcy Court for the: Northern District of Georgia		■ 1. There is no pres	sumption of abuse.
			☐ 2. There is a presi	umption of abuse.
	se numberknown)			
			Check if this is an a	amended filing
	fficial Form 122A - 2			
Cł	hapter 7 Means Test Calculation			04/19
To f	fill out this form, you will need your completed copy of Chapter 7 Stateme	ent of Your Current N	Monthly Income (Offic	ial Form 122A-1).
spa add	as complete and accurate as possible. If two married people are filing tog ace is needed, attach a separate sheet to this form, Include the line number litional pages, write your name and case number (if known). Tt 1: Determine Your Adjusted Income			
1.	Copy your total current monthly income. Copy line 11 f	rom Official Form 12	2A-1 here=>	4,905.00
2.	Did you fill out Column B in Part 1 of Form 122A-1?			
	■ No. Fill in \$0 for the total on line 3.			
	☐ Yes. Is your spouse Filing with you?			
	☐ No. Go to line 3.			
	☐ Yes. Fill in \$0 for the total on line 3.			
3.	Adjust your current monthly income by subtracting any part of your sp household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A–1, was any amount of the income you rexpenses of you or your dependents?			for the household
	No. Fill in 0 for the total on line 2			
	■ No. Fill in 0 for the total on line 3. ☐ Yes. Fill in the information below:			
	Tes. 1 iii iii tile iiioiiilation below.			
	State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	Fill in the amou are subtracting your spouse's	from	
		\$	_	
		\$		
			_	
		\$	_	
	Total.	\$	0	
			Copy total here=>.	\$ 0.00
				Ť
	Adjust your current monthly income. Subtract line 3 from line 1.			\$ 4,905.00

Official Form 122A-2

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	Docun	nent	Page	50 of 59				
ebtor 1	Shynean Lindsay			Case number (if known)			
Part 2:	Calculate Your Deductions from Your Income							
to ans	nternal Revenue Service (IRS) issues National and L swer the questions in lines 6-15. To find the IRS star ctions for this form. This information may also be a	ndards, g	jo online ι	sing the link speci	ied in the s		unts	
your a	et the expense amounts set out in lines 6-15 regardless ctual expenses if they are higher than the standards. Do e in line 3 and do not deduct any operating expenses th	o not ded	luct any an	ounts that you subtr	acted fro you	ır spouse's		
If your	expenses differ from month to month, enter the averag	e expens	e.					
When	ever this part of the from refers to you, it means both yo	u and yo	ur spouse i	f Column B of Form	122A-1 is fill	ed in.		
5. T	he number of people used in determining your ded	uctions f	rom incon	ne				
р	ill in the number of people who could be claimed as exelus the number of any additional dependents whom youne number of people in your household.					1		
Natio	nal Standards You must use the IRS National	l Standar	ds to answ	er the questions in lir	nes 6-7.			
	food, clothing, and other items: Using the number of standards, fill in the dollar amount for food, clothing, and			in line 5 and the IRS	National	\$		723.00
tł p	Dut-of-pocket health care allowance: Using the numbre dollar amount for out-of-pocket health care. The nume eople who are 65 or older-because older people have igher than this IRS amount, you may deduct the addition	ber of pe	ople is spli IRS allowa	t into two categories nce for health care c	people who	are under 6	5 and	
Peopl	e who are under 65 years of age							
7	a. Out-of-pocket health care allowance per person	\$	68.00					
7	b. Number of people who are under 65	X	1					
7	c. Subtotal. Multiply line 7a by line 7b.	\$	68.00	Copy here=	> \$	68.00		
Peopl	e who are 65 years of age or older							
7	d. Out-of-pocket health care allowance per person	\$	142.00					
7	e. Number of people who are 65 or older	x	0					
7	f. Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=	> +\$	0.00		
7	g. T otal. Add line 7c and line 7f			\$68.00_	Сору	total here=>	\$	68.00

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Debtor 1 Shynean Lindsay Case number (if known)

		-	•								
Loc	al Sta	andards `	You must use the IRS Loca	l Standards to ans	swer the ques	tions in lin	es 8-15.				
			on from the IRS, the U.S. es into two parts:	Trustee Program	has divided	the IRS L	ocal Stand	ard for housing	g for		
			ities - Insurance and ope								
-	lousi	ing and util	ities - Mortgage or rent ex	kpenses							
To a	answ	er the ques	stions in lines 8-9, use the	U.S. Trustee Pro	ogram chart.						
			online using the link specifi be available at the bankrup		instructions f	or this forr	n.				
8.			tilities - Insurance and op ount listed for your county f						5, fill \$		503.00
9.	Hou	ising and u	tilities - Mortgage or rent	expenses:							
	9a.	0	number of people you enter our county for mortgage or	,				\$ 1,0	76.00		
	9b.	Total avera	age monthly payment for all	I mortgages and of	ther debts see	cured by y	our home.				
		contractua	te the total average monthly lly due to each secured cre otcy. Then divide by 60.								
		Name of th	ne creditor		Average mo	onthly					
		-NONE-			\$						
			Total average mo	onthly payment	\$	0.00	Copy here=>	-\$	0.00	Repeat this amount on line 33a.	
	9c.	Net mortga	age or rent expense.								
			ne 9b (total average monthion of this amount is less				\$	1,076.00	Copy here=>	\$	1,076.00
10.			at the U.S. Trustee Progra					g is incorrect a	and	\$	0.00
	Ex	plain why:									
11.	Loc	al transpor	tation expenses: Check th	ne number of vehic	cles for which	you claim	an ownersh	nip or operating	expense.		
). Go to line	14.								
	1	. Go to line	12.								
		or more. G	o to line 12.								

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

251.00

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Debtor 1	Shynean Lindsay		Case num	ber (<i>if kn</i>	own)		
	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.						
Veh	Describe Vehicle 1:						
13a.	Ownership or leasing costs using IRS Local Standard		\$		0.00		
	Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.		nat				
	Name of each creditor for Vehicle 1	Average monthly payment					
	-NONE-	\$					
	Total Average Monthly Payment	\$0.00	Copy here =	> -\$		Repeat this amount on line 33b.	
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0 nicle 2 Describe Vehicle 2:), enter \$0.	\$_		0.00	Copy net Vehicle 1 expense here => \$	0.00
13d.	Ownership or leasing costs using IRS Local Standard		\$		0.00		
	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not include costs f	or				
	Name of each creditor for Vehicle 2	Average monthly payment					
		\$					
	Total Average Monthly Payment	\$	Copy here => -	\$	0.0	Repeat this amount on line 33c.	
	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0), enter \$0	\$_		0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in Transportation expense allowance regardless of whether you			ındards	, fill in the	Public \$	0.00
	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in v not claim more than the IRS Local Standard for <i>Public Trans</i>	what you believe is the					0.00

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Debtor 1 Shynean Lindsay Case number (if known)

Oth	er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	s for	
16.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sales, or use taxes.	\$	1,116.00
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$	0.00
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.		
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or		
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for any elementary or secondary school education.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.		
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$	0.00
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.		
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	3,737.00

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Debtor 1 Shynean Lindsay Case number (if known)

Add	itional	Expense Deductions	Γhese are additional d	eductions	s allowed by th	e Means Test.		
		ı	Vote: Do not include a	ny expen	se allowances	listed in lines 6-24.		
25.	insurar					ses. The monthly expenses for health y necessary for yourself, your spouse, o	or	
	Health	insurance		\$	0.00			
	Disabil	lity insurance		\$	0.00			
	Health	savings account		+ \$	0.00			
	Total			\$	0.00	Copy total here=>	\$	0.00
	Do you	u actually spend this total a	mount?					
		No. How much do you act	ually spend?					
		Yes		\$				
26.	continu	ue to pay for the reasonable	e and necessary care r immediate family wh	and suppo o is unab	ort of an elderl	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	\$	1,200.00
27.						ses that you incur to maintain the es Act or other federal laws that apply.		
	By law	, the court must keep the n	ature of these expens	es confide	ential.		\$	0.00
28.	Additional	onal home energy costs.	Your home energy co	sts are ind	cluded in your	insurance and operating expenses on		
	If you l	pelieve that you have home fill in the excess amount o		more tha	an the home er	nergy costs included in expenses on line	;	
		ust give your case trustee of the claimed is reasonable and		actual ex	penses, and y	ou must show that the additional	\$	0.00
29.	\$170.8		or your dependent chil			e monthly expenses (not more than han 18 years old to attend a private or		
		ust give your case trustee of dis reasonable and necess				ou must explain why the amount 3.		
	* Subje	ect to adjustment on 4/01/2	2, and every 3 years a	fter that f	or cases begui	n on or after the date of adjustment.	\$	0.00
30.	higher		d clothing allowances	in the IRS	S National Star	ctual food and clothing expenses are ndards. That amount cannot be more		
		I a chart showing the maxin tions for this form. This cha				link specified in the separate rk's office.		
	You m	ust show that the additiona	amount claimed is re	asonable	and necessary	y.	\$	0.00
31.		nuing charitable contribut nents to a religious or chari				ntribute in the form of cash or financial	+\$	0.00
32.		II of the additional expens nes 25 through 31.	e deductions.				\$	1,200.00

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Debtor 1 Shynean Lindsay Case number (if known)

	ctions for Debt Payment							
	•	est in property that you own, including hom nes 33a through 33e.	e mortç	gages, vehic	е			
	o calculate the total average monthly pareditor in the 60 months after you file for	lyment, add all amounts that are contractually bankruptcy. Then divide by 60.	due to e	ach secured				
	Mortgages on your home:						verage mor	ithly
33a.	Copy line 9b here				=>	\$		0.00
	Loans on your first two vehicles:							
33b.	Copy line 13b here				=>	\$		0.00
33c.						\$		0.00
33d.	List other secured debts:							
Name	of each creditor for other secured debt	Identify property that secures the debt		Does pay include to insurance	xes or			
	-NONE-			☐ Ye		\$		
					5	Ф		
)			
				☐ Ye	s	\$		
				-				
				□ No				
				_	S	+\$		
						Сору		
330	Total average monthly payment. Add li	nos 33a through 33d	\$	0.0	. t	otal	¢	0.00
33e.	Total average monthly payment. Add if							
			Ψ_			nere=>	Ψ	0.00
		secured by your primary residence, a vehiupport or the support of your dependents?	cle,		'	nere=>	Ψ	0.00
0	r other property necessary for your s No. Go to line 35.	secured by your primary residence, a vehi upport or the support of your dependents?	cle,		<u> </u>	nere=>	Ψ	0.00
0	r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus	secured by your primary residence, a vehicupport or the support of your dependents? st pay to a creditor, in addition to the payments assion of your property (called the cure amount)	cle,		<u> </u>	nere=>		0.00
OI	 r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses 	secured by your primary residence, a vehicupport or the support of your dependents? st pay to a creditor, in addition to the payments assion of your property (called the cure amount)	cle,	Total cure amount		nere=>	Monthly amount	
Nam	No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i>) information below.	cle,	amount		0 = \$	Monthly	
Nam	r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i>) information below.	cie,	amount			Monthly	
Nam	r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i>) information below.	cie,	amount	÷6		Monthly	
Nam	r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the <i>cure amount</i>) information below. Identify property that secures the debt	cie,	amount	÷6	0 = \$	Monthly amount	
Nam	r other property necessary for your s No. Go to line 35. Yes. State any amount that you mus listed in line 33, to keep posses Next, divide by 60 and fill in the	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the <i>cure amount</i>) information below. Identify property that secures the debt		amount	÷6	0 = \$ Copy	Monthly amount	cure
Nam -NO	r other property necessary for your s No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the e of the creditor NE-	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amount) information below. Identify property that secures the debt Total	sal \$	amount	÷6	0 = \$	Monthly amount	cure
Nam -NO	r other property necessary for your s No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the e of the creditor NE- o you owe any priority claims such a re past due as of the filing date of your services.	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amount) information below. Identify property that secures the debt Total	sal \$	amount	÷6	0 = \$	Monthly amount	cure
Nam -NO 35. D	r other property necessary for your s No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the e of the creditor ONE- o you owe any priority claims such a re past due as of the filling date of you No. Go to line 36.	secured by your primary residence, a vehicupport or the support of your dependents? It pay to a creditor, in addition to the payments assion of your property (called the cure amount) information below. Identify property that secures the debt Tot as a priority tax, child support, or alimony - turbankruptcy case? 11 U.S.C. § 507.	sal \$	amount	÷6	0 = \$	Monthly amount	cure

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Debtor 1	Shyr	nean Lindsay			Ca	ase ni	umber (<i>if known</i>)			
F	or more	eligible to file a case under Chapter 13? 11 be information, go online using the link for Bankroons for this form. Bankruptcy Basics may also be	uptcy Basid	cs specifi							
	l No.	Go to line 37.									
	Yes.	Fill in the following information.									
		Projected monthly plan payment if you were fi	iling under	Chapter	13	\$	6	00.00			
		Current multiplier for your district as stated on Administrative Office of the United States Cou and North Carolina) or by the Executive Office (for all other districts).	urts (for dis	stricts in /	Alabama	X	5.8	0			
		To find a list of district multipliers that includes the link specified in the separate instructions to be available at the bankruptcy clerk's office.							Copy tota	al .	
		Average monthly administrative expense if yo	u were filir	ng under	Chapter 13		\$34	.80	here=>		34.80
-		of the deductions for debt payment. es 33e through 36.								\$	34.80
Total	Deduc	ctions from Income									
38. A	dd all o	of the allowed deductions.									
		ne 24, All of the expenses allowed under IRS e allowances		\$	3,737.0	00					
	•	ne 32, All of the additional expense deductions		\$	1,200.0	00					
		ne 37, All of the deductions for debt payment		+\$	34.8						
		Total dedu	ıctions	\$	4,971.8	30_	Copy total	here	=>	\$	4,971.80
Part 3:	Det	termine Whether There is a Presumption of	Abuse								
39. C	alculate	te monthly disposable income for 60 months									
3	39a. Co	opy line 4, adjusted current monthly income		\$	4,905.0	00					
3	39b. Co	opy line 38, <i>Total deductions</i>		- \$	4,971.8	30					
3		onthly disposable income. 11 U.S.C. § 707(b)(2 ubtract line 39b from line 39a).	\$	-66.8	30	Copy here=>\$		-6	6.80	
F	or the	next 60 months (5 years)					_	x 60)		
		· · · · · · · · · · · · · · · · · · ·]			
3	39d. To	otal. Multiply line 39c by 60		39	d. \$	-4	1,008.00	Copy here=:	> \ \\$_		-4,008.00
40. F i	nd out	t whether there is a presumption of abuse. C	heck the b	oox that a	applies:			J			
	I The I	line 39d is less than \$8,175*. On the top of pa	ge 1 of this	s form, cl	neck box 1, T	here	is no presu	mption	of abuse.	Go to P	art 5.
		line 39d is more than \$13,650*. On the top of 4 if you claim special circumstances. Go to Par		this form	check box 2,	The	ere is a pres	umptior	n of abuse	e. You m	ay fill out
] The I	line 39d is at least \$8,175*, but not more that	n \$13,650°	*. Go to li	ne 41.						
*8		to adjustment on 4/01/22, and every 3 years af				the	date of adju	ıstment.			

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Debtor 1	Shy	nean Lindsay	Case number (if known)	
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled a Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i))(l)	sopy ere=> \$
25	% of y	Multiply line 41a by 0.25 ne whether the income you have left over after subtracting all allowed do your unsecured, nonpriority debt. ne box that applies:		
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>Th</i> p Part 5.	ere is no presumption of abus	e.
		39d is equal to or more than line 41b. On the top of page 1 of this form, chaumption of abuse. You may fill out Part 4 if you claim special circumstances. T		
Part 4:	Giv	ve Details About Special Circumstances		
reas	onable lo. Go es. Fil ite You	we any special circumstances that justify additional expenses or adjustness alternative? 11 U.S.C. § 707(b)(2)(B). To to Part 5. I in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25. The property of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation lijustments.	expense or income adjustment e expenses or income adjustm	for each
	G	Sive a detailed explanation of the special circumstances	Average monthly expense or income adjustment	
	_		\$	_
			\$	_
			\$	_
			\$	
Part 5:	Sig	ın Below		-
	By si	gning here, I declare under penalty of perjury that the information on this state	ement and in any attachments	is true and correct.
	X /s	/ Shynean Lindsay		
	Sł	nynean Lindsay gnature of Debtor 1		
Da	ite De	ecember 15, 2021 M / DD / YYYY		

Credence Resource Management, LLC Attn: Bankruptcy 4222 Trinity Mills Road Suite 260 Dallas, TX 75287

Enhanced Recovery Company Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

Georgia Department of Revenue Compliance Division 1800 Century Blvd., NE, S9100 Atlanta, GA 30345

IRS Insolvency Unit 401 W. Peachtree St., NW Room 400, Stop 334-D Atlanta, GA 30308

Kohls/capone Attn: Credit Administrator PO Box 3043 Milwaukee, WI 53201

Navient Attn: Bankruptcy Po Box 9640 Wilkes-Barre, PA 18773

Prestige Financial Svc Attn: Bankruptcy 351 W Opportunity Way Draper, UT 84020

Public Storage 2423 Pleasant Hill Rd Duluth, GA 30096 SCANA Energy Attn: Bankruptcy Po Box 100157 Columbia, SC 29202